

PRIVACY ACT STATEMENT ON REVERSE SIDE IS APPLICABLE

Telephone _____

7. I am authorized to sell (life insurance) (mutual funds) on the following military installations until the expiration date(s) indicated:

8. I have the following employment in addition to selling life insurance or mutual funds:

9. I certify that the information given herein is true and correct. I understand that any falsification of information will be grounds for revocation of my privilege to conduct (life insurance) (mutual fund) business on Fort Sill.

Signature

10. I am aware that issuance of a permit is subject to satisfactory results of a local background inquiry. _____(initials)

11. I furnish the following personal information required to get a background name check through Fort Sill's law enforcement records:

Birth date _____, Birth place _____

12. I hereby acknowledge receipt of USAFACFS Reg 210-4, the current regulation pertaining to the commercial life insurance and financial investment sales on Fort Sill, and DOD Dir 1344.7 pertaining to personal commercial solicitation on DOD installations. I have read and understand the contents of these regulations and am aware that any violation or noncompliance with the provisions may result in the suspension of my solicitation permit. _____(initials)

PRIVACY ACT STATEMENT

Information presented on this form is used solely within the Fort Sill Solicitation office and is subject to the provisions of the Privacy Act of 1974, Title 5, U.S.C. 552a, Section 301. Your disclosure is not mandatory; however, failure to provide the requested information may preclude issuance of your permit.